



# KENT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

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## Transforming Mental Health and Dementia Services in Kent and Medway

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### 1. Introduction

Following the presentations to the Kent HOSC in March 2021, this paper provides an update on the following areas:

- The impact of COVID-19 on the demand for mental health services.
- The transformation of the wider mental health services, in particular the transformation of community mental health services and urgent and emergency care mental health services.
- The transformation of dementia services, including the redesign of dementia services for people with complex needs.

### 2. What People are Telling us.

To help to shape the future design of mental health services, the NHS has been having conversations with local people. Service users, their carers and loved ones have told Kent and Medway NHS and Social Care Partnership Trust (KMPT) that we need to:

- Find ways to drive up the quality of mental health care and improve the way care is organised, including the communications between different services and with patients
- Make it as easy as possible to access mental health care, including training all NHS staff to recognise mental health problems and having more mental health staff in A&E and urgent care centres and primary care
- Ensure health and social care support is joined up

- Work with organisations such as schools, employers, and councils, and with communities to raise awareness and understanding of mental health problems and ways to improve mental health and wellbeing.

### **3. Local Initiatives**

There are some great programmes and initiatives to improve mental health already up and running across our area with more planned for the coming months and years. These include:

- Support and signposting services
- Crisis resolution and home treatment team
- A dedicated crisis telephone line to help provide a more seamless experience
- Mental health liaison in general hospitals, for example, mental health specialists working side by side with doctors and nurses in A&E
- Reducing the number of out of county placements, so that if people do need to be admitted to hospital, they are as close to home as possible
- 'Safe havens' in five locations where people can get support, advice and help out-of-hours, 6 pm -11pm, 365 days a year
- Working with social care on the support provided to help people remain in their own homes.

This paper provides an update on how we are progressing some important strands of the work to help us realise our ambitions.

### **4. Impact of COVID-19**

COVID-19 has shone a spotlight on the importance of mental health services and mental health and wellbeing support for each and every one of us. Big changes to the way we live, work, and interact have made conversations about mental health and emotional wellbeing centre stage.

More people are aware of, and seeking help for, mental health problems. Since April 2020, KMPT has experienced increased demand for services. Phone contacts via their open access crisis line have increased by 65.1 per cent, community mental health team contacts have increased by 13.6 per cent and community mental health service for older people (CMHSOP) contacts have increased by 10.7 per cent. Furthermore, the levels of people admitted to hospital under a Section of the Mental Health Act have increased overall, highlighting an increase in the acuity of mental health problems people are facing. There has been a surge of people needing crisis care who are autistic alongside an increase in people who have had, up until COVID-19, a well-managed psychosis illness. There has also been an increase in admissions to hospital for people with complex emotional disorders.

It is also important to recognise the positive changes to services that have happened in response to the pandemic that we want to build on, including greater use of technology, more flexible working patterns for staff so that they can better deliver the care people need, and more collaborative working between and across organisations.

In recognition of the impact of COVID-19 on individuals' mental health and wellbeing, Kent and Medway CCG and local authorities have produced a booklet entitled 'How are you feeling?' which has been sent to every household in Kent and Medway. The booklet contains details of range of services to help people look after their mental health. A website has also been developed to support the booklet.

## **5. Community Mental Health Transformation**

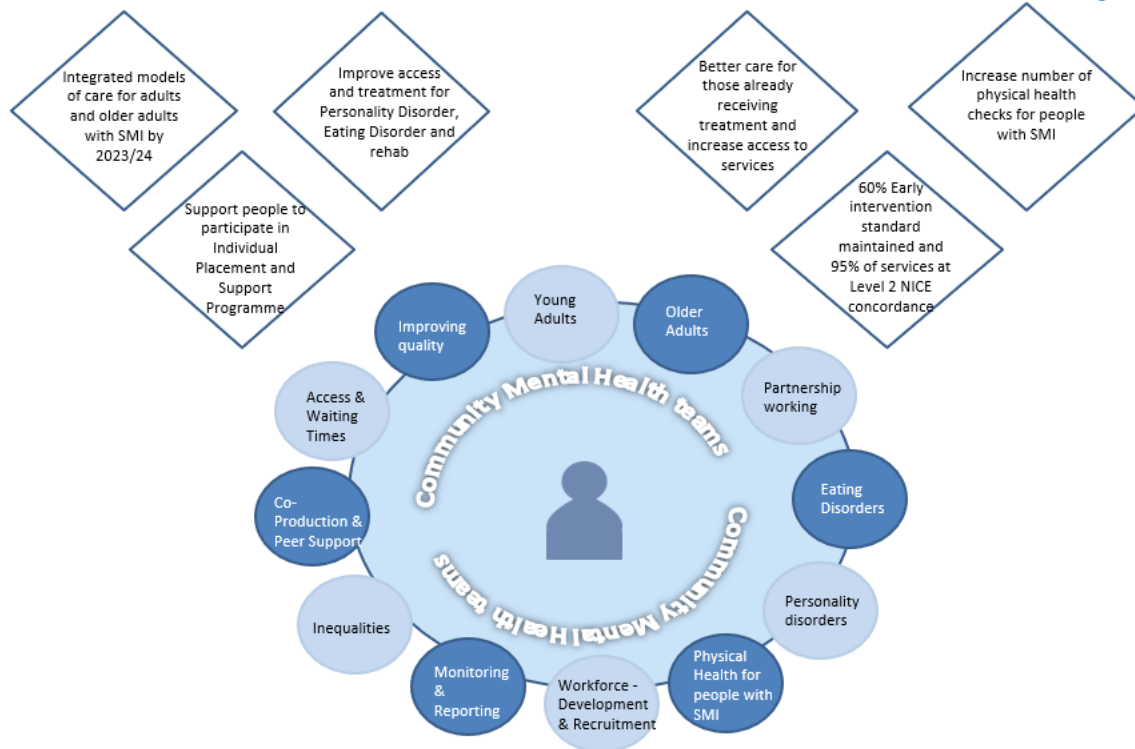
Aligned to the NHS Long Term Plan and the Community Mental Health Transformation Framework for Adults and Older Adults, we are working to improve clinical care pathways for adults and older people with severe and serious mental illness, including mood disorders, psychotic disorders and complex emotional difficulties. Involving all aspects of community support through the voluntary and community sector, social care, primary and secondary health care services, this is a major opportunity to enhance and improve the quality and experience of care for some of the most vulnerable people in our communities.

People want to access the care, advice and support they need no matter where they first try to seek it, whether that is from 111, their GP, from a community service, through online self-referral, self-help or another route. In other words, there should be a 'no wrong door' approach to accessing advice, care and treatment when it is needed.

We want to achieve radical change in the design of community mental health care by moving away from siloed, difficult-to-access services to joined-up care and establishing a revitalised purpose and identity for traditional community mental health services serving those most in need with serious mental illnesses. The programme will link to the four integrated care partnerships across Kent and Medway with the aim of responding to population health priorities and ensuring that national standards are met and embedded at a system level.

The diagram below provides an overview of the proposed transformation, which very much keeps the patient at the centre.

## Community Mental Health Transformation



Significant investment has been made available nationally to support this programme and for Kent and Medway, £10.5 million has been made available over 3 years, with £3.4m allocated for 2021/22.

Implementation will be on a phased basis, i.e.

- Medway/Swale 2020/21.
- East Kent 2022/23
- DGS/West Kent 2023/24

### 6. Improving Mental Health Urgent and Emergency Care

The mental health urgent and emergency care system is dynamic and complex.

The Mental Health Urgent and Emergency Care (MHUEC) Programme is the Kent and Medway system’s programme of work addressing both the NHS Long Term Plan and locally agreed system wide mental health urgent and emergency care priorities. Projects are all-age and are multi-agency; input is required from all parties involved. There are a number of programmes of work/projects that are improving access and outcomes.

Of particular importance is the focus of work with Acute Trusts, Police and NHS 111 colleagues to ensure mental health presentations at emergency departments are only made when necessary.

There is also significant investment attached to these projects. The current MHUEC programmes/projects and associated investment are shown below.

Programme/Project	Plan	Investment (21/22) – not MHIS*
<b>Open Access Crisis (NHS 111 and 24/7 Mental Health Triage)</b>	<p>For NHS111 to be the first point of contact for anyone in a mental health crisis. The Mental Health Clinical Assessment Service (MHCAS) will direct callers to the appropriate crisis service. Transformation work includes:</p> <ul style="list-style-type: none"> <li>• review of resources in Single Point of Access, 836 line, MHCAS, Community and Voluntary Sector helplines</li> <li>• direct bookings for secondary care assessment</li> <li>• Directory of service (DOS) reviews.</li> </ul> <p>Clinical model agreed.</p>	£987k
<b>Open Access Crisis (NHS 111 and 24/7 Mental Health Triage)</b>	Demand and capacity modelling underway. Soft launch planned January 2022, Go Live planned July 2022.	
<b>Crisis Resolution Home Treatment (CRHT)</b>	To provide a community based crisis alternative to admission to hospital that meets the nationally defined fidelity standard. A review of current provision against the standards was completed April/May 2021. This will inform priority areas of development this year. Additional funding has been allocated to ensure workforce development can progress across the 5 CRHT teams.	£1.2m
<b>Community Crisis Alternatives:</b>	<p>To expand community Crisis Alternative services. In addition to the 5 safe havens operating across Kent and Medway during 2021/22 additional investment has been secured from NHSEI to sustain and develop:</p> <ul style="list-style-type: none"> <li>• Staying Alive App</li> <li>• SHOUT Text Service</li> </ul>	£895k

Programme/Project	Plan	Investment (21/22) – not MHS*
	<ul style="list-style-type: none"> <li>• 24/7 Mental Health Matters Helpline (additional 10,000 calls)</li> <li>• Participation Workers</li> <li>• Peer Support Service for people with Autistic Spectrum Conditions in mental health crisis</li> <li>• Peer support service for people recently in crisis</li> <li>• Safe Havens (review and procurement). Safe havens are currently available in: <ul style="list-style-type: none"> <li>◦ Canterbury</li> <li>◦ Maidstone</li> <li>◦ Medway</li> <li>◦ Thanet</li> <li>◦ Folkestone</li> </ul> </li> </ul>	
<b>Liaison Mental Health Service (LMHS)</b>	All acute hospitals now have 24/7 Liaison Mental Health Services in place. Audits are taking place to identify compliance with CORE 24 service standards; target to achieve 50% coverage at CORE 24 standard by 31/03/2022.	£2.8m
<b>Liaison Mental Health Services</b>	Partnership working between acute, police and LMHS teams has resulted in speedy resolution of issues around several complex cases presenting in A&Es.	
<b>Ambulance Mental Health Response</b>	Delivering tailored MH training for Ambulance call centre staff. Development of a Mental Health Emergency Response Vehicle	£599k
<b>Therapeutic Acute Mental Health Inpatient Care</b>	The therapeutic offer from inpatient mental health services is being improved by increasing investment in interventions and activities. A workforce plan is being developed to deliver this. As a result patient outcomes and experience in hospital will improve. This will contribute to a: <ul style="list-style-type: none"> <li>• a reduction in length of stay in adult acute inpatient mental health settings</li> <li>• fewer out of area (acute) placements</li> </ul>	£493k

Programme//Project	Plan	Investment (21/22) – not MHIS*										
<p><b>Section 136 (local priority)</b> <b>Section 136 (local priority)</b></p>	<p>COVID 19 and Lockdown may have had an impact on the wider services for s136 detentions, as we have seen a high increase in s136 detentions being taken to Emergency Departments; this is largely due to beds being unavailable in the wider systems to move people out of the s136 suites. This is a key area that the S136 Improvement Programme Group is focusing on and we are working closely with acute colleagues to improve this. April 2021 saw s136 detentions move to double figures for the first time in several years:</p> <table border="1" data-bbox="528 824 1043 1048"> <thead> <tr> <th>Month</th> <th>S136</th> </tr> </thead> <tbody> <tr> <td>January 2021</td> <td>110</td> </tr> <tr> <td>February 2021</td> <td>144</td> </tr> <tr> <td>March 2021</td> <td>132</td> </tr> <tr> <td>April 2021</td> <td>98</td> </tr> </tbody> </table> <p>The s136 Improvement Plan Group (IPG) has now completed 9 of the 18 Deep Dive Recommendations (DDR) with positive outcomes. Phase 4 of the DDRs will be completed by July 2021. Once all phases have been completed the s136 IPG will formally continue and will replace the old s136 countywide group; it will continue to monitor the DDRs.</p>	Month	S136	January 2021	110	February 2021	144	March 2021	132	April 2021	98	
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\* Mental Health Investment Standard

## 7. Transforming Dementia Services

### Dementia Strategy.

The previous paper which was presented to the Kent HOSC was focussed on improving services for people with dementia and complex needs. However, this development needs to be seen in the context of an overall dementia pathway and work is currently in progress to develop a Kent and Medway Dementia Strategy which will be completed by July 2021. An initial workshop to take forward the development of the strategy took place in April 2021 and a further workshop is planned for June 2021.

The chapter headings for the strategy are below and these are based around the NHSE Wellbeing Pathway for Dementia.

- Raising Awareness and Reducing Risk Factors
- Improving Diagnosis
- Support After Diagnosis
- Supporting Carers
- Care at Home
- Care in Hospitals and Care Homes
- End of Life Care

However, there already a number of projects in place to support the transformation of dementia services.

### **Transforming the Diagnostic Pathway.**

Kent and Medway's dementia diagnosis rate (DDR) in April 2021 was an outlier at 55.6% compared to performance across the South East (59.6%) and England (61.6%). Currently, the vast majority of diagnosis is made by KMPT, which means that people sometimes do not receive their diagnosis in a timely manner. Some GPs will undertake a diagnosis, but the majority will not, in part, because they do not feel confident to do so.

Some of the projects which are currently in place aim to increase diagnostic capacity and therefore increase the dementia diagnosis rate. These include:

- Transformation of KMPT's memory assessment pathway to enable the majority of people to receive a diagnosis within six weeks of referral. Currently, it can be as long as 18 weeks.
- Increasing the number of people who can undertake a diagnosis which will include Advanced Care Practitioners (ACPs), GPs with an enhanced role (GPwER) who have a special interest in dementia to undertake memory assessment in primary care and geriatricians.
- Using the Enhanced Health in Care Home service specification proposed for Kent and Medway to increase the number of people in care homes with a dementia diagnosis, since cognitive issues should be identified as part of the comprehensive geriatric assessment process (it is estimated that 70-80% of people in care homes have dementia).

Most of these projects will not produce an immediate, significant increase in dementia diagnosis rates as they will be dependent on the recruitment and training of personal.

However, the Government recently announced a Mental Health Recovery Plan, allocating £17m nationally for investment into the dementia pathway to improve



memory assessment services and recover the dementia diagnosis rate in 2021/22. In Kent and Medway this equates to £592k. It is intended to use this funding to increase the number of memory assessments, both face to face and virtual and to ensure access to a programme of post diagnostic support, such as cognitive stimulation therapy.

### **Dementia Co-ordination.**

Recent engagement with people with dementia and their carers has indicated that once a diagnosis has been received, it is often very difficult to access the right services at the right time, partly due to lack of knowledge of local services.

It is therefore proposed to commission a dementia coordinator role for each PCN. A named coordinator will be allocated at the point of referral to provide consistency of support throughout the dementia journey. There a number of similar services across the country which have support an increase in dementia diagnosis rates, as well as demonstrating potential savings by avoiding acute hospital attendances and a potential reduction in GP consultations. The majority of such services are provided by various voluntary sector organisations.

A business case has been developed to support this proposal, and confirmation with regard to funding is currently awaited from the CCG.

### **Post Diagnostic and Carers Support**

There is now greater awareness about the importance of support after diagnosis of dementia, often termed 'post-diagnostic support', both for improving the individual's and their family's quality of life and for the potential to reduce more costly crisis care, particularly emergency hospital admissions. Whilst it is anticipated that the dementia coordinator role will help to avoid crisis situations, it is also recognised that there needs to be a range of other services in place as well.

KMPT Memory Assessment Services provide an initial post-diagnostic support offer over a six week period as well as a Living Well Group, following a dementia diagnosis and there is also a variety of support for those living with dementia and their carers/loved ones commissioned by Kent and Medway CCG, Kent County Council, and Medway Council and delivered independently in the voluntary sector. This includes dementia cafes, peer support, COGs clubs, plus many other services.

KCC is currently in the process of re-procuring dementia post-diagnostic support services from the voluntary sector as part of the overall wellbeing offer and initial conversations have also taken place with Medway Council about this approach. This is to ensure that there is a consistent offer which meets the needs of all areas of Kent. It is proposed to tender for the dementia coordinator service as part of the KCC procurement (this will be a Kent and Medway service) as this role is seen to be crucial to both the pre and post diagnostic support offer.

Admiral Nurses work alongside people living with dementia and their families to provide specialist support and expert guidance and, in Kent and Medway, the majority are employed by KMPT. There is Admiral Nurse provision in all areas of Kent and Medway. However, the level of provision across the Kent and Medway is mixed. As part of the post diagnostic project, it is proposed to review the provision and model of delivery of Admiral nurses to ensure a consistent offer across Kent and Medway.

There is currently no specific contracts for carers of people with dementia. However, the general carers contracts which are commissioned by KCC and Medway Council do provide support for this group of carers.

### **Services for People with Dementia and Complex Needs**

The demand modelling, based on underlying population health needs, has now been completed. The work has identified four key components to the proposed new model of care, i.e.

1. Proactive case finding and planning to anticipate and reduce risk of escalation or crisis.
2. Rapid assessment and treatment planning in all settings.
3. The delivery of treatment plans.
4. Admission avoidance and improved transfer of care from both acute and mental health beds.

The proposed new model will essentially have two elements:

1. A community crisis service which will support people in their own homes or in care homes. Further work is need to determine how this will align with other community services and what the hours of access will be. However, this will need to be in line with the requirements of the Ageing Well programme as outlined in the NHS Long Term Plan, 2019, which requires a two hour crisis response, where this is determined clinically appropriate.
2. A number of locally (ICP based) delivered, step up/step down beds, i.e.
  - a. Short-term beds, (up to four weeks) for crisis support relating to either the patient or their carers needs or to stabilize a physical condition which does not require hospital admission.
  - b. Medium term beds (approximately six months) for assessment of longer-term needs following hospital admission for those people with more challenging behaviours who require further treatment before being transferred to a permanent placement.

Work is also in progress to complete the options appraisal process to identify the service options which will be used as part of the formal public consultation process which is currently planned for late summer/early autumn

The case for change and pre-consultation business case is also in development and will be share with HOSC at a later date.

## **8. Conclusion**

All areas of work described in this paper are ongoing, and we will continue to keep HOSC updated on our progress.

## **9. Recommendations**

The HOSC is asked to:

- **Note** the progress update in this report
- **Agree** for regular updates on Kent and Medway's mental health and dementia improvement programme to continue to be brought for information and discussion to this committee.